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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office

Examiner: Ahmed N. Sefer

Art Unit: 2826

DATE: August 12, 2002

FROM: Erin P. Madill

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 3

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MESSAGE:

Patent Application No.: 09/943,094; Our Ref. 81751.0017

I hereby certify that the following documents:

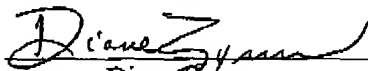
- ☒ Amendment Transmittal
- ☒ Response to Restriction Requirement

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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2826

CLIENT NUMBER: 81751.0017

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-605-1227 (return fax to Diane Zynn)

FORM PTO-1083

81751.0017

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Kazunobu KUWAZAWA
 Serial No: 09/934,094
 Filed: August 29, 2001
 For: [TITLE]

Art Unit: 2826
 Examiner: Ahmed N. Sefer

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Diane Zynn

Name

Signature Diane Zynn 08/12/02

Date

Commissioner for Patents
 Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	19	-	33	0	LG=\$18 SM=\$9	\$0
INDEPENDENT CLAIMS FEE	3	-	6	0	LG=\$84 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
TOTAL						\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

By: Erin P. Madill

Erin P. Madill
 Registration No. 46,893
 Attorney for Applicant(s)

Date: August 12, 2002

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